

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35448**

Registration District No. **508**

Primary Registration District No. **3026**

Registrar's No. **143**

1. PLACE OF DEATH:

(a) County **Livingston**
(b) City or town **Chillicothe, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Grace's 452 Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether)
In this community **Life** (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Clyde Merle McNeil**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife it
alive **-** years
7. Birth date of deceased **June 15 1924**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 4 3 - hr. - min.

9. Birthplace **Carroll Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Walter W. McNeil**
13. Birthplace **Carroll Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lizzie Johnston**
15. Birthplace **Basworth Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter W. McNeil**
(b) Address **Chillicothe, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 20 '41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **James D. Gordon**

(b) Address **Chillicothe, Mo.**

19. (a) **Oct 20 - 1941** (b) **LOUELLA CURRY**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**
(c) City or town **Chillicothe**
(If outside city or town limits, write "RURAL")
(d) Street No. **1547 Bryan St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18**
year **1941** hour **10** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Your** 19 **to Your** 19
that I last saw him alive on **Your** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion head**

Due to **Balcony on store building**
your grandpa fell about 15 feet
Due to **the boy falling on his head**
on concrete sidewalk

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Your 186**
Of autopsy **Your 39**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **10-18-1941**
(c) Where did injury occur? **Chillicothe Mo = 059**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Store Building
(Specify type of place) (e) Means of injury **Coroner's**
While at work?

23. Signature **Chillicothe Mo =** (M. D. or other)
Address **Chillicothe Mo =** Date signed **10-20-1941**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Donald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.